

**INDIANA RESPIRATORY CARE COMMITTEE  
RESPIRATORY CARE LICENSURE  
INFORMATION AND INSTRUCTION SHEET**

Before completing and submitting your application to our office, please read all materials and information included.

**CONTENTS OF APPLICATION PACKET**

**Applicants must download the following documents and information from the website at [www.pla.in.gov](http://www.pla.in.gov):**

1. Application For A License As A Respiratory Care Practitioner
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Statutes and Administrative Rules which pertain to the practice of respiratory care.

**AGENCY ADDRESS/TELEPHONE NUMBER/FAX/WEB SITE/EMAIL**

Indiana Professional Licensing Agency  
ATTN: Respiratory Care Committee  
402 W. Washington Street, Room W072  
Indianapolis, IN 46204  
Staff Phone: (317) 234-2054  
FAX: (317) 233-4236  
Web Site: [www.pla.IN.gov](http://www.pla.IN.gov)  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)

**CRIMINAL BACKGROUND CHECK REQUIRED AS OF JULY 1, 2011**

Pursuant to Senate Enrolled Act 363 an individual applying for a respiratory care license with a postmark of July 1, 2011 or after shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check.

**Criminal background checks must be obtained after you apply for your respiratory care license with the Board and prior to the issuance of a license.**

*The directions are located on pages 13 and 14 and on our website at [www.pla.in.gov](http://www.pla.in.gov).*

**BASIS FOR LICENSURE**

**EXAMINATION**

Applicants who are applying to take the NBRC examination or have recently taken the examination.

**ENDORSEMENT**

Applicants who are licensed or certified in another state or coming from a state that does not license or certify respiratory care practitioners but the applicant is certified by the National Board for Respiratory Care (NBRC).

**CREDENTIALS**

Applicants who are applying for licensure based upon their NBRC Credential only.  
**Applicants may not apply based upon their NBRC credentials if they are licensed**

**or certified in another state or are coming from a state that does not license or certify respiratory care practitioners.**

**TRANSCRIPTS, VERIFICATION OF GRADUATION, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS  
MUST BE SENT DIRECTLY FROM EACH ENTITY**

The Committee will not be able to accept any transcripts, verification of graduation, examination score reports or state verifications directly from the applicant. All transcripts, verification of graduation, examination score reports and state verifications must be sent directly from those entities.

**EXAMINATION APPLICANTS – CERTIFICATION OF GRADUATION**

Applicants who have the school or program submit a letter as proof of graduation in order for the Committee to issue a temporary permit, must have the school or program submit an official transcript, directly to our office from the school or program, certifying the degree earned prior to the issuance of a respiratory care license.

**WAIVER OF EDUCATIONAL REQUIREMENTS**

Applicants who have not completed a program of respiratory therapy may be considered for licensure by submitting a request with a detailed list of the places that the applicant has engaged in the practice of respiratory therapy under the supervision of a physician for at least ten (10) of the previous fifteen (15) years preceding the date of application. Please list the dates of practice, location, responsibilities and that you were under the supervision of a physician.

**STUDENT PERMIT HOLDERS**

If you currently hold or have held a respiratory student permit, you will need to respond positive to question #1 "Have you ever previously filed an application in the State of Indiana?" and submit a notarized affidavit stating such with your application for licensure.

**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

**MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Your social security number is being requested by this state agency in accordance with IC 4-1-8-1 and 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

**ABANDON APPLICATIONS**

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Committee. An application submitted subsequent to an abandoned application shall be treated as a new application.

## ISSUANCE OF LICENSE

Upon issuance of your license by the Committee, you will be sent an email notifying you that your license or temporary permit has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service will be available at **Services.IN.gov/License Express** on our website at [www.pla.IN.gov](http://www.pla.IN.gov).

## LICENSE EXPIRATION AND CONTINUING EDUCATION

All respiratory care practitioners' licenses expire on December 31<sup>st</sup> of even numbered years. Practitioners are required to have completed fifteen (15) hours of continuing education per renewal period.

Continuing education is not required for the year in which the initial license was issued. Therefore, a person who was issued an original respiratory care license between the dates of January 1 and December 31 of an odd numbered year are only required to complete seven and one half (7.5) hours of continuing education for the first renewal. A person who is issued an original respiratory care license after January 1 of even numbered years is not required to complete continuing education for the first renewal.

Information regarding the continuing education requirement is available at the Committee's website at [www.pla.IN.gov](http://www.pla.IN.gov). Or you may contact our office by calling (317) 234-2054 or by email at [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov).

**RESPIRATORY CARE PRACTITIONERS  
LICENSURE BY EXAMINATION  
INSTRUCTIONS**

If you are applying to take the NBRC examination or have recently taken the examination please follow the directions below.

**APPLICATION**

Mail completed application along with all required documents listed below to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency  
ATTN: Indiana Respiratory Care Committee  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**AFFIDAVIT**

If you answer "yes" to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. The notarized statement must include the following:

- (1) The offense of which the applicant was convicted.
- (2) The court in which the applicant was convicted.
- (3) The cause number under which the applicant was convicted.
- (4) The penalty imposed by the court.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding your conviction.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a respiratory care license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on pages 13 and 14.

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

*The directions on how to complete the fingerprinting process are located on pages 13 and 14 and on our website at [www.pla.in.gov](http://www.pla.in.gov).*

**LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION**

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

## **FEE INFORMATION**

Applicants must submit a fifty-dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

## **PHOTOGRAPHS**

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

## **OFFICIAL TRANSCRIPT**

Applicants must submit an official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

## **NATIONAL BOARD FOR RESPIRATORY CARE (NBRC) CREDENTIAL REPORT**

Applicants must submit a NBRC credential report, **sent directly to the Committee from the NBRC. A copy of your NBRC Certificate or score report is not acceptable for licensure.** For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.

18000 W. 105<sup>th</sup> Street

Olathe, KS 66061-7543

Telephone: (913) 895-4900

FAX: (913) 895-4650

Web Site: <http://www.nbrc.org/>

Email: [nbrc@nbrc.org](mailto:nbrc@nbrc.org)

## **VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The information must be **sent directly to the Committee by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Respiratory Care Committee. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

## **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

**RESPIRATORY CARE PRACTITIONERS  
TEMPORARY PERMIT INFORMATION  
EXAMINATION APPLICANTS  
INSTRUCTIONS**

An applicant for a Temporary Permit by Examination will be required to take the examination for licensure within six (6) months after graduation. Temporary permits by examination will expire six (6) months from the date of graduation. The Committee shall not issue a temporary permit to an applicant who has failed the examination.

**APPLICATION**

Completed application for licensure by examination including photographs and sworn statement if you answer "yes" to any of the eight (8) questions on the application.

**FEE**

Applicants must submit an additional fee of twenty-five dollars (\$25.00) including the fifty-dollar (\$50.00) licensure fee. Total fee: \$75.00.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

**PROOF OF GRADUATION**

The applicant is required to submit one of the following documents as proof of graduation:

- **ORIGINAL LETTER OR CERTIFICATE OF COMPLETION**

An original letter or certificate of completion, **sent directly to the Committee from the school or program**, verifying the date that the applicant has completed and will receive his/her diploma will be accepted under the signature and seal of the dean of the school or program.

- **OFFICIAL TRANSCRIPT**

An official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

If an applicant submits a letter or certificate of completion in order to issue a temporary permit, the applicant is required to submit an official transcript of grades sent directly to the Committee from their school or program which shows that all requirements for graduation have been met and certifying the date the degree was conferred, prior to the issuance of their respiratory care license.

**ISSUANCE OF TEMPORARY PERMIT**

A temporary permit will only be valid for a period of six (6) months from the date of graduation. (Example: If you graduate on May 31, 2011 but do not apply for a temporary until June 15, 2011 you will only be granted a temporary permit from June 15, 2011 until November 30, 2011.) Temporary permits will automatically expire, without further action by the Committee, on the date of expiration.

**RENEWAL OF TEMPORARY PERMIT**

If the applicant fails to take the examination within the six (6) month period and presents an explanation to the Committee in writing, which shows good cause for not taking the examination, the Committee may allow the applicant to renew their temporary permit. The Committee will review all requests on a case-by-case basis. The fee for renewal of a temporary permit is \$10.00.

<p style="text-align: center;"><b>RESPIRATORY CARE PRACTITIONERS LICENSURE BY ENDORSEMENT INSTRUCTIONS</b></p>
------------------------------------------------------------------------------------------------------------------------

If you are licensed or certified in another state or coming from a state that does not license or certify respiratory care practitioners but the applicant is certified by the National Board for Respiratory Care please follow the directions below.

**APPLICATION**

Mail completed application along with all required documents listed below to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency  
ATTN: Indiana Respiratory Care Committee  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**AFFIDAVIT**

If you answer "yes" to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. The notarized statement must include the following:

- (1) The offense of which the applicant was convicted.
- (2) The court in which the applicant was convicted.
- (3) The cause number under which the applicant was convicted.
- (4) The penalty imposed by the court.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding your conviction.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a respiratory care license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on pages 13 and 14.

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

*The directions on how to complete the fingerprinting process are located on pages 13 and 14 and on our website at [www.pla.in.gov](http://www.pla.in.gov).*

**LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION**

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

## **FEE INFORMATION**

Applicants must submit a fifty-dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

## **PHOTOGRAPHS**

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

## **OFFICIAL TRANSCRIPT**

Applicants must submit an official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

## **NATIONAL BOARD FOR RESPIRATORY CARE (NBRC) CREDENTIAL REPORT**

Applicants must have a NBRC credential report **sent directly to the Committee from the NBRC. A copy of your NBRC Certificate or score report *is not* acceptable for licensure.** For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.

18000 W. 105<sup>th</sup> Street

Olathe, KS 66061-7543

Telephone: (913) 895-4900

FAX: (913) 895-4650

Web Site: <http://www.nbrc.org/>

Email: [nbrc@nbrc.org](mailto:nbrc@nbrc.org)

## **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

## **VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The information must be **sent directly to the Committee by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Respiratory Care Committee. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

## **STATEMENT REQUIRED - IF YOU ARE COMING FROM A STATE THAT DOES NOT REQUIRE LICENSURE OR CERTIFICATION**

Applicants that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration or certification. This statement must be signed and dated by the applicant.

## **WAIVER OF EDUCATIONAL REQUIREMENTS**

Applicants who have not completed a program of respiratory therapy may be considered for licensure by submitting a detailed list of the places where the applicant has engaged in the



practice of respiratory therapy under the supervision of a physician for at least ten (10) of the previous fifteen (15) years preceding the date of application.

Please specify in your request that you are requesting a waiver of the education requirements due to the fact that you did not complete a program of respiratory therapy along with the dates of practice, location, responsibilities and that you were under the supervision of a physician.

**RESPIRATORY CARE PRACTITIONERS  
TEMPORARY PERMIT INFORMATION  
ENDORSEMENT APPLICANTS  
INSTRUCTIONS**

Endorsement applicants may apply for a temporary permit if the applicant holds a current license, registration or certification as a respiratory care practitioner in another state **OR** if the applicant is practicing in a state that does not license or certify respiratory care practitioners but the applicant holds credentials issued by the National Board for Respiratory Care (NBRC).

**APPLICATION**

Completed application for licensure by examination including photographs and sworn statement if you answer "yes" to any of the eight (8) questions on the application.

**FEE**

The applicant must submit an additional fee of twenty-five dollars (\$25.00) including the fifty-dollar (\$50.00) licensure fee. Total fee: \$75.00.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

**APPLICANTS MUSTS SUBMIT ONE OF THE FOLLOWING:**

**1. PROOF OF CURRENT LICENSURE OR CERTIFICATION**

Applicants must submit a "Verification of State Licensure" form, **submitted to the Committee directly from the state**, that you hold a current license, registration or certification.

**OR**

**2. STATE ENDORSING DOES NOT LICENSE OR CERTIFY**

Applicants that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration or certification. This statement must be signed and dated by the applicant.

**AND**

**NBRC CREDENTIAL REPORT**

Applicants, who are coming from a state that does not require licensure, registration or certification for respiratory care practitioners, must submit a NBRC credential report, **sent directly to the Committee from the NBRC. A copy of your NBRC Certificate or score report is not acceptable.** For more information regarding a credential report please contact the:

National Board of Respiratory Care, Inc.  
18000 W. 105<sup>th</sup> Street  
Olathe, KS 66061-7543  
Telephone: (913) 895-4900  
FAX: (913) 895-4650  
Web Site: <http://www.nbrc.org/>  
Email: [nbrc@nbrc.org](mailto:nbrc@nbrc.org)

**RESPIRATORY CARE PRACTITIONERS  
LICENSURE BASED UPON CREDENTIALS  
INSTRUCTIONS**

Applicants who are applying for licensure based upon their NBRC Credential only must submit the following documentation. **Applicants may not apply based upon their NBRC credentials if they are licensed or certified in another state or are coming from a state that does not license or certify respiratory care practitioners.**

**APPLICATION**

Mail completed application along with all required documents listed below to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency  
ATTN: Indiana Respiratory Care Committee  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**AFFIDAVIT**

If you answer "yes" to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. The notarized statement must include the following:

- (1) The offense of which the applicant was convicted.
- (2) The court in which the applicant was convicted.
- (3) The cause number under which the applicant was convicted.
- (4) The penalty imposed by the court.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding your conviction.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a respiratory care license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on pages 13 and 14.

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

*The directions on how to complete the fingerprinting process are located on pages 13 and 14 and on our website at [www.pla.in.gov](http://www.pla.in.gov).*

### **LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION**

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

### **FEE INFORMATION**

Applicants must submit a fifty-dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

### **PHOTOGRAPHS**

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

### **OFFICIAL TRANSCRIPT**

Applicants must submit an official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

### **NATIONAL BOARD FOR RESPIRATORY CARE (NBRC) CREDENTIAL REPORT**

Applicants must submit a NBRC credential report, **sent directly to the Committee from the NBRC. A copy of your NBRC Certificate or score report *is not* acceptable for licensure.** For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.  
18000 W. 105<sup>th</sup> Street  
Olathe, KS 66061-7543  
Telephone: (913) 895-4900  
FAX: (913) 895-4650  
Web Site: <http://www.nbrc.org/>  
Email: [nbrc@nbrc.org](mailto:nbrc@nbrc.org)

### **RE-EXAMINATION AFTER FIVE (5) YEARS**

If five (5) years have elapsed since the successful completion of the National Board for Respiratory Care (NBRC) examination, the applicant must retake and successfully complete a current entry level NBRC examination within six (6) months of the date of application for licensure.

### **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

**APPLICANTS ARE NOT ELIGIBLE FOR A TEMPORARY PERMIT  
WHEN APPLYING BY CREDENTIALS.**

## Fingerprinting in Indiana

### Professional Licensing Agency

A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. If an application is not received by IPLA **before** scheduling a CBC, the applicant will be required to submit to another check **resulting in additional fees**.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to [www.L1enrollment.com](http://www.L1enrollment.com) and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click "go".
5. Choose your Agency Name **Professional Licensing Agency** and click "go".
6. Choose the correct **Applicant Category** for your license type and click "go".
7. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press "go".
8. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click "Send Information".
10. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click "Send Information".
11. Complete your payment process and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** of the following with you to your fingerprinting appointment: valid driver license, valid state issued identification card, valid passport, student identification card with picture and

date of birth (DOB), work identification card with picture and DOB, valid alien identification card with picture and DOB. If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

14. Arrive at the facility at your appointed date and time.

15. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.

16. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.

17. All results will be processed and delivered to the Indiana Professional Licensing Agency. L-1 is never in possession of criminal record data results.